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CONFIRMATION NO. 2323

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/765,067	01/28/2004 RULE	424	1644	2801-0208P
<b>APPLICANTS</b> Martin J. Page, Yelling, UNITED KINGDOM; James S. Crowe, Letchworth, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/145,712 05/16/2002 ABN which is a CON of 09/642,826 08/22/2000 ABN which is a CON of 08/475,607 06/07/1995 ABN which is a CON of 08/155,864 11/23/1993 PAT/5,545,403 which is a CON of 08/046,893 04/15/1993 ABN which is a CON of 07/943,143 09/10/1992 PAT/5,223,290 which is a CON of 07/777,730 10/16/1991 ABN <i>NOTE: INTERFERENCE DECISION</i>				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 9022543.4 10/17/1990 <i>den</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/12/2004</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 5 TOTAL CLAIMS 10 INDEPENDENT CLAIMS 2
<b>ADDRESS</b> 02292				
<b>TITLE</b> Glycosylated antibody				
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	